

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	CRIPTO BLOCKING ANTIBODIES AND USES THEREOF
Attorney Docket Number::	BINA117CN
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	3
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Michele
Family Name::	Sanicola-Nadel
City of Residence::	Winchester
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	4 Maple Road
City of mailing address::	Winchester

State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02142

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom
Status:: Full Capacity
Given Name:: Kevin
Middle Name:: P.
Family Name:: Williams
City of Residence:: Chapel Hill
State or Province of Residence:: NC
Country of Residence:: US
Street of mailing address:: 8326 Burns Place
City of mailing address:: Chapel Hill
State or Province of mailing address:: NC
Postal or Zip Code of mailing address:: 27516

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Susan
Middle Name:: Gail
Family Name:: Schiffer
City of Residence:: Lexington
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 6 Moreland Avenue
City of mailing address:: Lexington
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02421

Applicant Authority Type:: Inventor

Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Paul
Family Name::	Rayhorn
City of Residence::	Foxboro
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	48 Mirimichi Road
City of mailing address::	Foxboro
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	02035

Correspondence Information

Correspondence Customer Number::	00959
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Representative Information

Representative Customer Number::	00959
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	PCT/US02/11950	04/17/02
PCT/US02/11950	An application claiming the benefit under 35 USC 119(e)	60/286782	04/26/01
PCT/US02/11950	An application claiming the benefit under 35 USC 119(e)	60/293020	05/17/01
PCT/US02/11950	An application claiming the benefit under 35 USC 119(e)	60/301091	06/26/01
PCT/US02/11950	An application claiming the benefit under 35 USC 119(e)	60/367002	03/22/02

Foreign Priority Information

Country::	Application number::	FilingDate::	Priority Claimed::
International	PCT/US02/11950	04/17/02	Yes